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BOROUGH OF FAVERSHAM

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for

1952



FRANK HAUXWELL

M.B., Ch.B (Glas.) D.P.H. (Camb.)

MEDICAL OFFICER OF HEALTH



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F. AUSTIN AND SONS (PRINTERS) LTD.
FAVERSHAM, KENT

**THE TOWN COUNCIL
OF THE
BOROUGH OF FAVERSHAM**

THE MAYOR :

*Councillor Frederick Gregory Johnson

THE DEPUTY MAYOR :

*Councillor Harry Knowles

ALDERMEN :

*J. H. Johnson

*Phil Johnson, O.B.E.

*J. B. Neame

*J. W. Videan

COUNCILLORS :

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*F. J. Beeton

C. G. Hine

*Miss F. E. Graham

J. A. E. Jones

*A. W. Hulkes

Mrs. L. D. Older

F. Pearson

T. Williams

*A. L. King

(*Denotes members of Health Committee)

TOWN CLERK :

S. Wilson

PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

to the Borough and Port of Faversham

Frank Hauxwell, M.B., Ch.B. (Glas.), D.P.H. (Camb.)

SANITARY INSPECTOR

to the Borough and Port (Eastern Section) of Faversham

Mr. A. J. Hurn, C.R.San.I., M.S.I.A.

SANITARY INSPECTOR

Port of Faversham (Western Section)

Mr. A. Leslie, M.S.I.A., A.R.San.I.

(Chief Sanitary Inspector Sittingbourne and Milton U.D.C.)

CLERK (PART-TIME)

Miss C. Avery

Municipal Offices,
Faversham.

Mr. Mayor, Aldermen and Councillors,

I have the honour to submit herewith the Annual Report on the Health of the Borough of Faversham for the year 1952.

According to the Census taken in 1951, the population of the Borough had decreased by 466 persons (3.7%) since the last Census taken in 1931. The Registrar General's estimate for mid-year 1952, namely 12,200 shows a further decrease of 94. As the natural increase in population, i.e., excess of births over deaths, during the past 10 years was 732, it would appear that a not inconsiderable migration from the town is taking place.

The Crude Birth Rate for the year at 16.6 per 1,000 of the population shows an improvement on the downward trend that had for some years succeeded the exceptionally high rates of the immediate post-war years. The Corrected Birth Rate for 1952 (19.0 per 1,000) compares very favourably with that of 15.3 for England and Wales as a whole.

The number of deaths occurring in and/or assigned to the Borough during 1952 was considerably increased owing to the instructions of the Registrar General that all deaths at Bensted House must now be considered as Faversham deaths. Previously deaths at Bensted House were debited to the area from which the patient had been admitted and as the proportion of persons from Faversham was relatively small the deaths there of Faversham residents made little appreciable difference to the local death rate. Of the total of 267 deaths occurring in or assigned to Faversham during 1952, 123 occurred in Bensted House but only 17 of these were of persons previously resident in the Borough. The effect of this alteration in statistical procedure is that the Death Rate for Faversham for 1952 at 21.8 per 1,000 of the population stands at a much higher figure than has been known for many years. Even when adjusted for age and sex distribution to the Corrected Death Rate of 17.0 per 1,000 it is considerably higher than that of England and Wales as a whole, namely 11.3 per 1,000.

The Infant Mortality Rate (24.6 per 1,000 live births) shows a still further reduction from the exceptionally high rate of 44.5 in 1950 and is below the average for the past twelve years. It compares very favourably with that of 27.8 per 1,000 for England and Wales as a whole. All the infant deaths that occurred during the year were stated to be attributable to prematurity and/or congenital defects, causes which so far have been rather resistant to preventive measures. The best approach would seem to be in the care of the Mother.

Though there was a slight increase in the total number of infectious diseases notified during the year (424 cases in 1952, 396 in 1951) this was mainly due to increased incidence of Measles

during March and April and again in November and December. On the whole the disease was mild in type. In comparison with the previous year there was, however, a marked reduction in the number of cases of Whooping Cough, only 9 being notified during the year.

Though there were two more cases of Scarlet Fever in 1952, than in the previous year, the total of 5 cases during the year can be considered relatively small. For the sixth year in succession no case of Diphtheria has occurred but it must be remembered that it will only be by maintaining a high proportion of the child population protected by immunisation that freedom from this disease can continue.

Though there was an increase in the number of new cases of Pulmonary Tuberculosis notified, from 8 in 1951 to 20 in 1952, it is satisfactory to find that the death rate from this disease at 2.4 per 10,000 of the population was one of the lowest in recent years. With the exception of the year 1950 when the rate was 1.5 per 10,000, only on one other occasion since 1940 has the death rate from Pulmonary Tuberculosis been so low. Though no definite explanation can be given for the increased number of notifications received in 1952, it is suggested that a considerable proportion of this increase was due to the visit during the year of the Mass Radiography Unit. As a result of that visit many old doubtful cases were probably reviewed and some finally diagnosed as Tuberculosis and notified. This view is supported by the fact that 10 of the 20 notifications received were notified during the last four months of the year (i.e. after the visit of the Mass Radiography Unit) and that approximately one-third of all notifications received referred to persons over 50 years of age.

In that portion of the work of the Department dealing with general sanitation, housing is still one of the most serious problems. From a general survey carried out in the latter part of the year it was estimated that between 150 and 200 houses in the Borough were unfit for human habitation and should be condemned as early as possible. In the early part of 1953 a Special Report (printed in the Appendix) was made to the Council suggesting that at least 170 of these should be dealt with under slum clearance procedure within a period of five years. The Council having accepted that Report, initial steps are now being taken for its implementation.

There has, however, been little improvement in dealing with properties which, though sub-standard, could give fairly reasonable accommodation for some years yet. The most that can be done has been to get obvious and necessary repairs carried out. To force owners to carry out any extensive work under Statutory Notices is impracticable under the present restrictions imposed by the Rent Restrictions Acts. Yet these houses are rapidly deteriorating into slums of the near future.

In view of the large number of applicants still on the Council's

housing list and the further demands now being made for the rehousing of tenants from condemned properties, it is unfortunate that the number of Council houses completed fell from 80 in 1951 to 66 in 1952. It is to be hoped that this is only a temporary relapse. In this connection it is interesting to note from a recent publication of the Ministry of Housing and Local Government that during the period 1st April, 1945 to 30th June, 1953, Faversham Council had completed 435 permanent and temporary houses. This is equivalent to the provision of 36 houses per 1,000 of the population. Compared with the other eighteen Boroughs in Kent, Faversham ranks 6th highest in such provision.

The maintenance of food hygiene ranks as a high priority in the work of the Sanitary Department and it is very satisfactory to note that generally speaking food shops and food preparing premises reached a high standard of cleanliness. Improved accommodation and amenities for inspection are still, however, very necessary at the local Slaughterhouse and although 100% inspection of all meat was maintained the conditions under which such inspections are carried out are still very difficult.

Though the majority of properties in Faversham are now connected to the sewerage system there are still 138 houses in the Borough which have to rely on cesspools or small septic tank installations for disposal. As many of these premises are in one district where the provision of sewers appears to present no great problem, I would suggest that the adoption at an early date of a scheme for the provision of sewers for that area is very desirable.

In carrying on the work of the Department I am greatly indebted to the ever willing and able assistance of Mr. Hurn, the Council's Sanitary Inspector, and I am deeply grateful to my colleague Officers of the Council for their ever ready co-operation and advice.

To members of the Council I would give sincere thanks for their encouragement and kindly consideration.

I have the honour to be Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

SECTION 1

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Climatology

After a fairly dry Spring and early Summer, the Autumn was wet and cold and Winter set in early. The total rainfall for the year was, however, only 26.60 inches in comparison with 32.28 inches in 1951.

The Maximum and Minimum temperatures, together with the rainfall recorded each month, are shown in Appendix "A".

Area

3,070 acres. No change.

Population

The estimated mid-year population for 1952 as given by the Registrar General was 12,200, a decrease of 90 from the estimated mid-year population for 1951, and 94 less than the actual count of resident population as shown by the Census taken in April, 1951.

Number of Inhabited Houses

The number of inhabited houses at the end of 1952 was 4,260, as compared with 4,208 at the end of 1951. Towards this increase 66 houses were provided by the Council and 6 were constructed privately, but during the year 20 houses ceased to be used as habitations either by reason of demolition or conversion to other purposes, so that the net increase in habitable houses was only 52.

Rateable Value

£78,240 as compared with £79,771 in the preceding year.

Sum Represented by the Penny Rate

£310 2s. 2.95d., an increase of £3 15s. 0.07d. on the figure for 1951.

SECTION II

VITAL STATISTICS

Births

The number of Births in 1952 (203) was 28 more than in the previous year. This is the highest number of births recorded in the Borough since 1949.

	Males	Females	Total
(i) Live Births—Legitimate	103 (81)	88 (88)	191 (169)*
Illegitimate	4 (2)	8 (4)	12 (6)
Totals ...	107 (83)	96 (92)	203 (175)

(ii) Still Births—The number of still-births in 1952 was 3, being one less than in 1951. This represents 1.4% of all live and still births. All were legitimate.

(iii) Illegitimate Births—These numbered 12 during 1952, being double the number occurring in the previous year. The percentage of illegitimate births to total births was 5.9%. This shows an increase over the percentage for 1951 which was 3.4% and is the highest since 1948 when the percentage reached the high figure of 7.6%.

(iv) Birth Rate—The Crude Birth Rate at 16.6 per 1,000 of the estimated population shows a halting in the downward trend that has continued since the abnormally high rate of 32.4 in the post war year of 1946. The rates for 1951, 1950 and 1949 were respectively 14.2, 14.9 and 17.6.

The Corrected Birth Rate for 1952 (19.0 per 1,000 of the population) compares very favourably with that of 15.3 per 1,000 for England and Wales as a whole.

(v) Table II shows the number of births and the birth rates since 1940, and the number of illegitimate births each year during the same period.

* Figures in brackets refer to the preceding year.

Deaths

(a) The number of deaths occurring in and assignable to the Borough during 1952 was 267. Of these there were 130 males and 137 females.

These figures show a very considerable increase on those for previous years (there is an increase of 117 over the total for 1951) the reason being that all deaths at Bensted House are now assigned to Faversham whereas in previous years the death of a person dying at Bensted House was transferred to the Area from which he or she had been admitted. The new arrangement is in accordance with a new practice adopted by the Registrar General for statistical purposes. Of the 267 deaths assigned to Faversham during 1952, 123 occurred at Bensted House but only 17 of these were of persons

previously resident in the Borough. This new procedure in the allocation of deaths will mean that in future years the death rate for the Borough will be considerably higher than it has been in the past and comparison with pre-1952 years will not give a true index of the health of the Borough.

(b) Table I shows the age groups in which the deaths occurred.

TABLE I

Sex		Under 1 Year	1—	5—	15—	25—	35—	45—	55—	65—	75—	85 and Over	Total
Males	..	5	—	—	—	2	3	3	18	27	49	23	130
Females	..	—	—	1	—	1	6	4	8	27	66	24	137
Totals	..	5	—	1	—	3	9	7	26	54	115	47	267

The average age of death was 74.8 years, being 70.9 for males and 78.5 for females.

(c) The crude death rate for 1952 was 21.8 per 1,000 of the population as compared with 12.2 in the preceding year. The reason for the increase is as explained above. The corrected death rate, i.e. the rate adjusted for age and sex distribution to that for England and Wales as a whole, was 17.0 per 1,000. The rate for England and Wales was 11.3 per 1,000.

(d) Table II shows the number of deaths and the death rates since 1940 and Table III shows the causes of death during 1952 classified by the Registrar General under 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death.

TABLE II
Births, Deaths and Infant Mortality—1940-1952

Year	Births			Deaths		Infant Mortality	
	Illegitimate Births	Total Live Births	Crude Birth Rate	No. of Deaths	Crude Death Rate	Total Infant Deaths	Infant Mortality Rate
1940	5	139	11.6	186	15.6	8	57.6
1941	16	163	14.3	165	14.5	4	24.5
1942	8	191	17.1	179	16.0	11	57.5
1943	14	209	18.1	176	15.9	6	29.0
1944	16	255	23.5	154	14.2	8	31.3
1945	18	282	25.0	174	15.4	9	31.9
1946	3	389	32.5	160	13.4	11	28.3
1947	17	254	20.8	171	14.0	7	27.1
1948	16	225	18.5	166	13.6	8	35.5
1949	9	218	17.6	184	14.9	4	18.3
1950	4	188	14.9	157	12.4	8	42.5
1951	6	175	14.2	150	12.2	5	28.5
1952	12	203	16.6	267	21.8	5	24.6

TABLE III

Classification of Causes	Males	Females	Total
1. Tuberculosis, respiratory	1 (3)	2 (2)	3 (5)
2. Tuberculosis, other	— (—)	— (—)	— (—)
3. Syphilitic disease	— (—)	— (—)	— (—)
4. Diphtheria	— (—)	— (—)	— (—)
5. Whooping Cough	— (1)	— (—)	— (1)
6. Meningococcal infections	— (—)	— (—)	— (—)
7. Acute Poliomyelitis	— (—)	1 (—)	1 (—)
8. Measles	— (—)	— (—)	— (—)
9. Other infective and parasitic diseases ..	— (—)	— (1)	— (1)
10. Malignant Neoplasm, stomach	1 (1)	2 (1)	3 (2)
11. Malignant Neoplasm, lung, bronchus ..	4 (3)	— (—)	4 (3)
12. Malignant Neoplasm, breast	— (—)	4 (1)	4 (1)
13. Malignant Neoplasm, uterus	— (—)	2 (—)	2 (—)
14. Other Malignant and Lymphatic Neoplasms	11 (5)	16 (9)	27 (14)
15. Leukaemia, aleukaemia	1 (—)	— (—)	1 (—)
16. Diabetes	— (1)	— (—)	— (1)
17. Vascular Lesions of Nervous System ..	36 (15)	41 (14)	77 (29)
18. Coronary Disease, angina	19 (14)	7 (8)	26 (22)
19. Hypertension with Heart Disease	— (1)	1 (1)	1 (2)
20. Other Heart Disease	34 (12)	42 (22)	76 (34)
21. Other Circulatory Disease	3 (3)	2 (—)	5 (3)
22. Influenza	— (2)	3 (3)	3 (5)
23. Pneumonia	5 (1)	2 (6)	7 (7)
24. Bronchitis	5 (3)	2 (2)	7 (5)
25. Other Diseases of Respiratory System ..	— (1)	— (—)	— (1)
26. Ulcer of Stomach and Duodenum	— (2)	— (—)	— (2)
27. Gastritis, enteritis and diarrhoea	— (2)	— (—)	— (2)
28. Nephritis and Nephrosis	— (—)	4 (—)	4 (—)
29. Hyperplasia of Prostate	1 (—)	— (—)	1 (—)
30. Pregnancy, childbirth, abortion	— (—)	— (—)	— (—)
31. Congenital Malformations	1 (—)	— (—)	1 (—)
32. Other defined and ill-defined diseases ..	6 (5)	4 (3)	10 (8)
33. Motor vehicle accidents	— (—)	1 (—)	1 (—)
34. All other accidents	2 (—)	1 (1)	3 (1)
35. Suicide	— (—)	— (1)	— (1)
36. Homicide and operation of war	— (—)	— (—)	— (—)
All causes	130 (75)	137 (75)	267 (150)

(Figures in brackets refer to the preceding year).

From the above Table it will be seen that the chief increases in causes of death during 1952 are in those occurring from malignant diseases and in those classified as associated with heart diseases and vascular lesions of the nervous system (cerebral haemorrhage etc.). This is not surprising when it is remembered that so many of these deaths were old people admitted to Bensted House because they were in need of care and attention.

Considering the rather cold and wet winter it is rather surprising that there was no increase in deaths from Bronchitis and other respiratory diseases.

Amongst other causes of death there was no appreciable difference in comparison with previous years.

Infant Mortality

The number of deaths of infants under one year was 5 in 1952, being 1 less than in the previous year. This gives an Infant Mortality Rate of 24.6 per 1,000 live births which compares very favourably with that for England and Wales as a whole for which the rate was 27.6 per 1,000.

The number of infant deaths each year and the infant mortality rate since 1940 is shown in Table II.

Particulars in regard to the deaths that occurred in 1952 were as follows:—

TABLE IV

Causes of Death	Sex	Age at Death	Place of Birth	Place of Death
Prematurity ..	M	5 hours	Hospital	Hospital
Prematurity ..	M	72 hours	Hospital	Hospital
Congenital Malformations and Birth Injury	M	1 month	Home	Home
Congenital Malformations and Birth Injury	M	6 hours	Home	Hospital
Kernicterus (Haemorrhagic disease of the new-born) ..	M	72 hours	Hospital	Hospital

Once again will be seen the very high proportion of these infant deaths which occur within hours of birth and which are attributed to Prematurity or Congenital Malformations. In fact all infant deaths which occurred during 1952 were attributed to one or other of these causes. There were no deaths during the year from the common children's ailments like Pneumonia or Enteritis, a matter which speaks well for the care the infants in the area receive during their first critical year of life.

The problem of preventing these deaths that are occurring from prematurity, congenital defects, etc., is one receiving very serious consideration nationally. So far no specific line of attack can be suggested. Good ante-natal care and all necessary attention at birth seems to be the best approach and emphasises the necessity of proper and thorough ante-natal supervision and good midwifery services.

SECTION III

INFECTIOUS AND OTHER DISEASES

There were 28 more cases of Infectious Disease notified in 1952 than in the previous year (424 cases in 1952, 396 in 1951) but this was mainly due to the prevalence of Measles of which 372 cases were notified during the year. Though the incidence of this disease

persisted throughout practically the whole of the year—only in the month of June were no cases notified—there were two short periods during the year when it assumed epidemic prevalence. These were during March and April when 132 cases were notified, and during November and December when 207 cases occurred. The disease was, however, mild in type, only one case requiring hospital treatment.

During 1952 there was, in comparison with the previous year, a very welcome reduction in the number of cases of Whooping Cough, only 9 cases being notified as compared with 256 cases during 1951. On only three other occasions since 1940, when this disease became notifiable, have the yearly notifications fallen below 10.

There was one case of Acute Poliomyelitis during the year. The patient was an expectant mother (aged 28 years) for whom arrangements had been made for her confinement in hospital owing to her blood being in the Rhesus negative group and the possibility that, because of that, a blood transfusion would be necessary for the baby. Near the end of her term she developed pains which she thought were labour pains and proceeded to hospital as arranged. On admission, however, it was found that she was not in labour and after observation, Acute Poliomyelitis was diagnosed. This developed very rapidly and to save the baby Caesarian Section was performed but unfortunately the Mother died two days after admission to the hospital. The baby was, however, saved.

For the sixth year in succession no cases of Diphtheria have been notified.

The total number of cases of Infectious Disease occurring and the number admitted to hospital and the total deaths from each disease as shown in the Registrar General's classification of deaths are shown in Table V, and the age distribution of cases occurring are shown in Table VI.

TABLE V

Disease	No. of Cases	Admission to Hospital or Sanatorium	Deaths
Scarlet Fever	5 (3)	2	—
Whooping Cough	9 (256)	—	—
Acute Poliomyelitis	1 (—)	1	1
Measles	372 (106)	1	—
Pneumonia	15 (14)	1	7
Dysentery	— (—)	—	—
Erysipelas	1 (4)	—	—
Meningococcal Infections ..	— (—)	—	—
Food Poisoning	— (1)	—	—
Puerperal Pyrexia	— (3)	—	—
Tuberculosis — Pulmonary ..	20 (8)	17	3
Non-Pulmonary ..	1 (1)	2	—
Totals ..	424 (396)	24	11

TABLE VI
Age Group Distribution—Infectious Disease

	—1	—5	—15	—20	—30	—40	—50	—60	Over 60	Totals
Scarlet Fever	—	3	2	—	—	—	—	—	—	5
Whooping Cough	—	7	2	—	—	—	—	—	—	9
Measles	22	236	108	1	—	3	1	—	1	372
Pneumonia	2	1	—	2	1	2	—	—	7	15
Erysipelas	—	—	—	—	—	—	—	1	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	1	—	—	—	—	1
Tuberculosis:										
Pulmonary	—	—	1	3	6	4	—	1	5	20
Non-Pulmonary	—	—	—	—	1	—	—	—	—	1

Table VII shows the incidence of Infectious Diseases in the Borough during 1952, in comparison with the previous ten years.

TABLE VII
Incidence of Infectious Disease during the undermentioned years.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	15	21	4	3	3	6	6	14	34	3	5
Diphtheria	1	5	3	1	3	—	—	—	—	—	—
Measles	3	21	117	126	136	11	206	13	373	106	372
Whooping Cough	43	8	24	42	31	92	46	8	49	256	9
Erysipelas	2	3	1	—	2	—	3	1	2	4	1
Pneumonia	7	4	1	—	2	7	5	10	8	14	15
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	9	—	—	—	—	—	—	—
Typhoid and Para-typhoid	—	—	—	—	—	—	—	—	—	—	—
Fever	—	1	2	—	—	1	—	—	—	—	—
Puerperal Pyrexia	—	1	3	2	—	2	2	—	—	3	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	1	1	1	—	—	—	—	—	—	—	—
Acute	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	2	—	1	—	3	—	1	1	—	1
Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Lethargica	—	—	2	—	—	—	—	—	—	—	—
Cerebro-Spinal	—	—	—	—	—	—	—	—	—	—	—
Fever	4	2	1	—	—	1	1	—	1	—	—
Malaria	—	—	—	—	1	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	12	45	—	—	1	—

TUBERCULOSIS

1. Incidence and Deaths

Twenty new cases of Pulmonary and one case of Non-Pulmonary Tuberculosis were notified during the year. As will be seen from Table VIII this is the highest number of Pulmonary cases notified since 1948 and is considerably above the average of recent

years. The reason for this increase is not very apparent. It is inconceivable that there has been such a big increase in the actual incidence of the disease, though some increase in incidence cannot altogether be ruled out. It is suggested that the real reason for the greater part of the increased number of notifications received during 1952 is that, owing to the visit of the Mass Radiography Unit to Faversham towards the end of August, both patients and doctors became "chest conscious" and some old standing cases which had been considered doubtful for some time were finally diagnosed as Tuberculous and notified. This view is supported by the fact that 10 of the 20 notifications received during the year were notified during the last four months of the year, i.e. after the visit of the Mass Radiography Unit.

Reference to Table VI shows the age distribution of the cases notified during 1952. It will be noted from that Table that 6 of the cases notified were over the age of 50. This is an unusually high proportion of cases at these older ages and supports the thesis that an unusually large number of old standing cases were notified during the year.

In contrast to the increase in cases notified during 1952, it is very satisfactory to note that only 3 deaths occurred during the year and the death rate for the year was only 2.4 per 10,000 of the population. With the exception of the year 1950 when the rate was 1.5 per 10,000, only on one other occasion (1947) since 1940 has the death rate from Pulmonary Tuberculosis been so low.

In regard to Non-Pulmonary Tuberculosis there was again in 1952, as in the previous year, only one case notified. This was a female aged 28 years with tuberculosis of the spine. For the third year in succession there were no deaths from this form of the disease.

Table VIII shows the number of cases notified and the deaths attributed to this disease since 1940.

TABLE VIII
Tuberculosis — Notifications and Deaths — 1940-1952

Year	No. of Primary Notifications received		Deaths		Death Rate per 10,000 of Population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1940	16	1	7	3	5.8	2.5
1941	18	3	9	1	7.9	0.8
1942	10	5	5	1	4.4	0.8
1943	10	6	5	3	4.5	2.7
1944	4	13	7	2	6.4	1.8
1945	3	1	5	—	4.4	—
1946	8	2	6	—	5.0	—
1947	10	5	3	—	2.4	—
1948	23	8	6	1	4.9	0.8
1949	8	8	5	1	4.1	0.8
1950	4	5	2	—	1.5	—
1951	8	1	5	—	4.0	—
1952	20	1	3	—	2.4	—

2. Mass Radiography Unit.

During the period 27th August to 15th September, the Mass Radiography Unit of the Regional Hospital Board was stationed at the Faversham Grammar School for Boys. The first portion of its stay was devoted to a survey of staff and senior pupils at Schools in Faversham and adjoining areas, while the remainder of the time was given to industries and the general public.

From the Schools a total of 683 volunteers (342 males and 341 females) were examined and it is satisfactory to note that no case of active Tuberculosis was discovered though 5 cases of inactive Tuberculosis were noted.

From Industries a total of 1,524 volunteers (862 males and 662 females) were examined and 6 cases of active Tuberculosis and 29 cases of inactive disease were found.

Members of the general public who attended for examination numbered 1,310 (436 males and 874 females). Amongst these, 1 case of active and 16 cases of inactive disease were noted.

If the figures for Industry and the general public are combined these figures mean that of a total of 2,834 volunteers in these groups who represent mainly the adult population, there were 7 cases of active disease noted (0.24%) and 45 cases (1.58%) of inactive disease. These figures are not considered at all excessive. Further, it must be remembered that every case noted was not necessarily a new case. Some of them had probably been notified previously and been under treatment. It should also be noted that not all volunteers were Faversham residents as, in all groups examined, a proportion (unknown) were residents from other areas.

3. Tuberculosis Register

The number and types of cases at present in the area and on the Tuberculosis Register are shown in Table IX.

TABLE IX
Summary of Tuberculosis Register

	Pulmonary		Non-Pulmonary		Totals
	M	F	M	F	
On Tuberculosis Register 1/1/52	30 (27)	23 (23)	20 (19)	13 (13)	86 (82)
Transferred to Borough	1 (1)	1 (1)	— (1)	— (1)	2 (4)
Notified in Borough	10 (4)	10 (4)	— (—)	1 (1)	21 (9)
Returned to Borough	— (1)	1 (—)	— (—)	— (—)	1 (1)
	41 (33)	35 (28)	20 (20)	14 (15)	110 (96)
Deaths	1 (2)	2 (2)	— (—)	— (—)	3 (4)
Removed from Borough	1 (—)	3 (2)	— (—)	— (—)	4 (2)
Recovered	1 (1)	— (1)	2 (—)	1 (2)	4 (4)
	3 (3)	5 (5)	2 (—)	1 (2)	11 (10)
Balance remaining on Register 31/12/52 ..	38 (30)	30 (23)	18 (20)	13 (13)	99 (86)

From the preceding Table it will be seen that the number of patients on the Tuberculosis Register is still increasing. Though to some extent this during 1952 was due to the increase in new cases notified, there is no doubt that patients are now on the register for longer periods than previously. This is in part due to earlier notifications but there is also the very encouraging fact that owing to the great advances in the treatment of this disease in recent years, the expectation of life for these patients has been greatly improved.

I am indebted to Dr. J. Robson, Consultant Chest Physician for the following further particulars regarding patients from the Faversham area :—

(a)	Number of patients from the Borough of Faversham who attended the Chest Clinic during 1952 ...	282
	(This includes contacts etc.)	
(b)	Total number of attendances during the year by patients in (a) above ...	716
(c)	Number of patients from the Borough of Faversham who received Sanatorium treatment during the year ...	26

IMMUNISATION AND VACCINATION

1. Diphtheria Immunisation

The County Medical Officer reports that during 1952, 156 children under 5 years of age and 28 children between the ages of 5 and 15 years, were immunised against Diphtheria, and a further 233 children received re-inforcing inoculations. From records maintained by the County Medical Officer, it would appear that 2,827 of the children under 15 years of age in Faversham have completed courses of immunisation.

The children immunised under 5 years of age during 1952 shows a very welcome increase in the number immunised at the same ages during recent years — 156 in 1952, 96 in 1951 and 114 in 1950. It is to be hoped that this increase will be maintained as it is only by maintaining a high percentage of the child population protected by immunisation that the present freedom from this disease can continue.

2. Vaccination against Smallpox

The County Medical Officer also reported that during the same period 125 primary vaccinations and 23 re-vaccinations against Smallpox were carried out. Of the 125 primary vaccinations, 68 were of children under 1 year of age and 45 of children aged 1 to 2 years — total 113. Calculated on the number of births during these two years, this means that only approximately 30% are being vaccinated in infancy and, as vaccinations at older ages are rarely carried out unless for special reasons e.g. entering special employment or going abroad, it means that the protection of the population as a whole will in future be at a very low level.

During the year, 23 re-vaccinations were carried out, mainly amongst older people going abroad.

SECTION IV

GENERAL PROVISION OF HEALTH SERVICES

1. National Health Services

Local Authority Health Services under the National Health Service Act are provided and administered by the Kent County Council. These Services include the Care of Mothers and Young Children ; the provision of Midwives ; Health Visiting and Home Nursing ; Vaccination and Immunisation ; Prevention of Illness, Care and After-Care ; and Domestic Help Services.

Chest Clinics and the care of the Tuberculous patient are the responsibility of the Regional Hospital Board, as also is Mental Welfare.

The various clinics in connection with these Services are held as follows :—

- | | Clinics and Sessions | Date | Time |
|-----|---|---|------------------|
| (a) | Queen's Hall | | |
| | Child Welfare | Tuesday and Friday | 2 — 4 p.m. |
| | Ante-natal, Post-natal and Family Planning | Monday | 2 — 4 p.m. |
| | Relaxation Classes | Monday | 2.30 — 3.30 p.m. |
| | (Immunisation is carried out at the Child Welfare Clinic) on Friday afternoons, if required, but vaccinations are all referred to own Doctor) | | |
| (b) | School Clinic, Soloman's Lane | | |
| | Minor Ailment Clinic | Daily | |
| (c) | Chest Clinic, South Road | Thursday | 10.30 a.m. |
| | Cases for X-Ray and Artificial Pneumothorax are referred to the Kent and Canterbury Hospital as and when required. | | |
| (d) | Domestic Help | Application can be made at the Kent County Welfare Office, West Street. Mon., Tues., Fri. : 9 - 10 a.m. or Wed., Thurs., Sat. : 9 a.m. - 12 noon. | |

2. School Health Service

I am indebted to the County Medical Officer for the following information on the work of the School Health Service in the Borough.

(i) Medical Inspection :—

- a. Number of Children inspected
(periodic inspections) 817 (896)
- b. Number found requiring treatment 128 (61)
- c. Percentage requiring treatment 15.6% (6.8%)

d. Frequency of main defects found :

Eyes	32.0%	(54.2%)
Ear, Nose and Throat ...	18.7%	(8.2%)
Orthopaedic	31.2%	(13.1%)
Heart and Circulation ...	1.5%	(3.2%)
Lungs	1.5%	(3.2%)
Psychological	2.3%	(4.9%)
Developmental	3.1%	(1.6%)

(ii) Classification of General Conditions of Pupils :—

Age Groups	Number of Children	“ A ” (Good)		“ B ” (Fair)		“ C ” (Poor)	
		No.	%	No.	%	No.	%
Entrants .	182	31	17.0 (19.2)	135	74.2 (61.6)	16	8.8 (19.2)
Second Age Group .	138	32	23.2 (31.0)	88	63.8 (62.6)	18	13.0 (6.4)
Third Age Group .	274	96	35.1 (50.5)	176	64.2 (46.2)	2	0.7 (3.3)
Other Periodic Inspections	233	73	32.7 (30.3)	123	55.2 (62.6)	27	12.1 (7.1)
Totals ..	817	232	28.4 (34.5)	522	63.9 (57.4)	63	7.7 (8.1)

(iii) Dental Inspection and Treatment :—

- Number of children inspected ... 572 (1,212)
- Number found to require treatment ... 478 (397)
- Percentage requiring treatment ... 82.6% (32.8%)

(iv) Infestation with Vermin :—

- Total number of examinations in the School 5,127 (4,940)
- Number of individual children found to be infested 38 (32)
- Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ... 9 (7)

(v) Comment

From these figures it will be seen that there was a slight but appreciable deterioration in the health of the children attending Faversham Schools during 1952, in comparison with the results of examinations carried out in the previous year. It will be noted that amongst children inspected at periodic inspections 15.6% were found to require treatment whereas the corresponding percentage in 1951 was 6.8%. Further, in the classification of children according to their general condition (commonly called Nutritional Standard)

the percentage classified as 'good' fell from 34.5% in 1951 to 28.4% in 1952, though the percentage classified as 'poor' fell from 8.1% in 1951 to 7.7% in 1952. This increased the percentage that could only be classified as 'fair' from 57.4% in 1951 to 63.9% in 1952.

Of the defects found at Medical Inspections to be requiring treatment, defective vision and eye defects are still the most numerous, though in 1952 in somewhat lower percentage than in the previous year.

It will also be noted that of the children examined at Dental Inspections, 82.6% were found in need of treatment.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

1. General Sanitary Circumstances

(a) Water Supply

The public supply is provided by the Faversham Water Company from its two pumping stations at Ospringle and Copton. The water is derived from chalk and is adequate in supply and excellent in quality. Six samples taken at points of distribution in the area during the year for bacteriological examination were all very satisfactory.

Over 99% of the houses in the Borough are provided with piped water from the main supply but 11 houses are supplied from six private wells and one house has an artesian well. These are mainly in the peripheral districts to which mains have not yet been extended.

(b) Drainage and Sewerage

Apart from extensions to the existing sewerage system at North Preston to accommodate the Council's new housing estate there were no additions to or improvements of the sewerage system during the year.

There are still in the Borough 35 Cesspools and 49 septic tank installations taking the drainage of 138 houses. These are mainly in the village of Preston and in the Ashford Road and Brogdale Road areas, the remainder being scattered in outlying parts of the area. The responsibility for emptying of cesspools remains with the owners but though on one or two occasions attention has had to be drawn to overflowing cesspools very little nuisance has been found.

(c) Scavenging

The administration of the Council's refuse collection and disposal service is under the Borough Engineer and Surveyor.

Disposal is by means of controlled tipping into an old disused chalk pit at Preston.

(d) School Sanitation

No alterations have been effected during the year. The condition of the Sanitary accommodation at the Schools is generally satisfactory. All are on the Water Carriage System.

(e) Public Conveniences

The position is as reported last year and no alterations have been made. The matter of provision of more accommodation is still under consideration.

(f) Hop-Pickers Camps

There are two camps for hop-pickers within the Borough, i.e. at Queen Court and Westwood Court Farm, where some six to seven hundred persons, mostly women and children, are accommodated during the season. The huts are constructed of timber or timber and corrugated iron, a few at each camp being of the ex-Army type. In one camp main water is laid on but in the other mains water has to be carted to the camp and stored in metal containers. Though every care is taken in transport and storage the latter cannot be considered very satisfactory.

Sanitary accommodation consists of trench type moveable latrines but no provision is made for the disposal of waste waters. Nine inspections of these camps were made during the season and they were found to be maintained in a reasonably good sanitary condition except for occasional slackness on the part of the hop-pickers in the disposal of their refuse in the receptacles provided. This calls for constant supervision of these camps.

(g) Mortuary Accommodation

There is no public mortuary in the Borough. Through the courtesy of the Hospital Authorities, the mortuary at the Cottage Hospital is used when necessary.

2. Inspection and Supervision of Food

(a) Milk

Five premises are registered as dairies and there are five registered distributors. Of these, 5 retail Pasteurised Milk, 3 Tuberculin Tested (Pasteurised) Milk and 2 Tuberculin Tested Milk. There is no undesignated Milk sold in the Borough. There are two pasteurising establishments in the Borough, licensed and supervised by the Kent County Council.

During the year 38 inspections were made of dairies and 2 samples of Pasteurised and 2 samples of Tuberculin Tested Milk were taken. All samples satisfied the prescribed tests.

(b) Meat

At the Government Slaughterhouse in Flood Lane, there was still no progress in 1952 in the carrying out of the improvement

scheme drawn up by the Ministry of Food in 1950. As all meat has to be inspected by the Council's Sanitary Inspector his inspections have still to be carried out under very unsatisfactory and difficult conditions which do not facilitate his work.

In comparison with the previous year there was an increase during 1952 of 1,301 animals slaughtered thus accentuating the difficulties. It is hoped that pending improvements in the present accommodation it will be possible in future to put a limitation on the number killed on these premises.

The following Table X shows the number of animals slaughtered and inspected and particulars of diseased conditions found.

TABLE X
Inspection of Meat

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
No. Killed	836 (1,038)	189 (186)	387 (270)	2,744 (1,884)	832 (309)	4,988 (3,687)
No. Inspected	836 (1,038)	189 (186)	387 (270)	2,744 (1,884)	832 (309)	4,988 (3,687)
All diseases except Tuberculosis						
Whole carcasses condemned ..	— (1)	8 (3)	1 (—)	15 (10)	11 (4)	35 (18)
Carcasses of which some part or organ was condemned ..	53 (80)	38 (45)	3 (1)	136 (83)	27 (30)	257 (239)
Percentage of the number inspected affected with disease other than Tuber- culosis	6.3% (7.8%)	24.3% (25.8%)	1% (.3%)	5.5% (4.9%)	4.5% (11.0%)	
Tuberculosis only						
Whole carcasses condemned ..	2 (4)	4 (4)	— (—)	— (—)	2 (—)	8 (8)
Carcasses of which some part or organ was condemned ..	22 (35)	35 (43)	— (—)	— (—)	6 (—)	63 (78)
Percentage of the number inspected affected with Tuber- culosis	2.8% (3.7%)	20.6% (25.2%)	— (—)	— (—)	.9% (—)	

(Figures in brackets are the corresponding figures for 1951)

From the above Table it will be seen that the chief increase in animals slaughtered in 1952 was in Sheep and Pigs, with a smaller increase in Calves. There was a decrease in the number of Cattle excluding Cows (i.e. heifers, steers, etc.) and the number of Cows slaughtered was approximately the same. Of the total of 4,988 animals slaughtered, 292 (3.8%) were found to be affected with

disease other than Tuberculosis and 71 (1.4%) with Tuberculosis. The corresponding percentages in 1951 were 6.9% and 2.3% respectively.

The amount of meat and organs condemned at the Slaughterhouse totalled 6 tons 14 cwts. 3 qrs. 9 lbs.

During the year inspections at the Slaughterhouse necessitated 543 visits to these premises by the Sanitary Inspector.

(c) Other Foods

Other items of foodstuff condemned amounted to approximately three and a half tons and were as follows :—

2,036	tins, Fruit and vegetables
417	tins, Meat Products
166	tins, Fish Products
324	tins, Milk
30	tinned Hams
408	tins, packets and jars, assorted Groceries
298	Eggs
1	sack Flour
73	lbs. Cheese
81	lbs. Sugar
207	lbs. Cooking Fat
10	lbs. Dried Egg
80	lbs. Biscuits
59	lbs. Fresh Meat

In all cases these articles were submitted to the Sanitary Inspector by the traders for his advice.

(d) Preparation of Preserved Foods

There are 29 premises registered in the Borough for the preparation or manufacture of sausages or potted pressed pickles or preserved food (including preparation by any process of cooking). These comprise 22 butchers and grocers etc. making sausages, cooked meats etc., and 7 fish frying establishments. 38 visits were made during the year to such premises and all were found in a satisfactory condition.

(e) Ice Cream

48 Premises are registered for the sale of ice cream, being an increase of 2 on the previous year. No ice cream is manufactured at any of the registered premises, that sold being obtained—mostly pre-packed—from large wholesale firms.

(f) Bakehouses

7 Bakehouses are in operation in the area. During the year 9 visits were paid to these and all were found satisfactory.

(g) Food Hygiene

The Byelaws made in 1950 with respect to the handling, wrapping and delivery of food, continue to work satisfactorily and the general standard of food hygiene in the Borough is good. Frequent visits are paid to the various food shops etc. and any improvements in layout or methods considered desirable are discussed on the spot with the person in charge. It is considered that in this way, rather than by taking official action, better results can be obtained and information regarding food hygiene disseminated.

Consultations took place with the Local Chamber of Trade concerning the issue to all food traders for display at their premises of notices requesting customers, in the interests of hygiene, to refrain from taking dogs into food premises. As a result appropriate notices were issued to all Shopkeepers engaged in the food trade who readily agree to display them in a prominent place on their premises. So far as can be ascertained no difficulties have been experienced from the public in carrying out the request.

(h) Food and Drugs Act, 1938

By courtesy of the Chief Inspector, Weights and Measures Department, the following details are given of samples taken in Faversham under the Food and Drugs Act, 1938.

Article	No.	Article	No.
Aniseed Balls	1	Italian Peeled Tomatoes ...	1
Aspirins	1	Koray	1
Blackberries in Syrup ...	1	Medana Teatime Tablets	1
Bloater Paste	1	Milk	26
Brandy	1	Pork Sausages	1
Coconut Shag	1	Rabbit	1
Compound Syrup of Figs	1	Salad Cream	1
Dairylea Cheese Spread ...	1	Silver Dragees	1
Dressed Crab	2	Solution of Peppermint ...	1
Dried Onion	1	Sugar Strands	1
Fruit Flavoured Essence ...	1	Tea Saving Tablets	1
Gin	2	Unsweetened Crushed	
Ginger Marmalade	1	Pineapples	1
Glycerine	1	Vapour Inhalent	1
Ground White Pepper ...	2	Yeast Tablets	1
Ice Cream	5		
		Total	62

Summary

Milks	26
Drugs	7
Spirits	3
Other samples	26
	—
	62
	—

All the above samples were genuine with the exception of the following:—

Sample of	Analysis	Action Taken
Medana Teatime Tablets	Inferior. Lactose 48: Mate 15: Caffeine 4: Tannin 12: Mineral Matter (including alkali bi-carbonate 5.0) 18.0: Moisture 3%.	Ingredients stated in wrong order. Manufacturers notified.
Milk	Inferior. 6.7% deficient in fat.	No action. Further samples to be taken
Channel Islands Milk	Adulterated. Contained 9.4% added water.	Proceedings instituted Fine £15. Costs £3 3s. 0d.
Channel Islands Milk	Adulterated. Contained 10.3% added water.	
Channel Islands Milk	Adulterated. Contained 8.2% added water.	
Milk	Adulterated. Contained 6.5% added water.	Caution issued.
Milk	Inferior. 6.7% deficient in fat.	No action. Further sample satisfactory.
Milk	Inferior. 3.3% deficient in fat.	No action. Further sample satisfactory

3. Disinfection and Disinfestation

18 premises were disinfected on account of infectious disease during the year. Disinfection of both premises and articles of bedding and clothing is by means of Formalin lamps. There are no facilities for steam disinfection in the Borough.

Disinfestation of premises for verminous conditions was carried out by D.D.T. spray on two occasions during the year.

4. Rodent Control

134 inspections were made during the year in connection with Rodent Control and 133 treatments carried out. Treatments were also carried out twice during the year to the Council's Sewerage System with good results.

Treatment is carried out by a part-time operator from the Highway Staff under the supervision of the Sanitary Inspector.

The Table XI shows the nature of the inspections and treatments carried out.

TABLE XI

	Type of Property				
	Local Authority	Dwelling Houses	Agricultural	All other including Business Premises	Total
1. Total number of Properties in Local Authority's District .	23	4,229	9	287	4,548
2. Number of Properties inspected by Local Authority	4	101	4	40	149
3. Number of Properties inspected found to be infested by Rats ..	4	86	4	39	133
4. Number of Properties inspected found to be seriously infested by Mice	—	—	—	—	—
5. Number of Properties treated by Local Authority	4	86	4	39	133

5. Rag Flock Act, 1951

The position is as reported last year and there are no premises in the Borough to which the Act applies.

6. Pet Animals Act, 1951

The Act came into force on 1st April, 1952 and requires the licensing of premises by the Local Authority for the purpose of Pet Shops. The Act deals with such matters as temperature, lighting, ventilation and cleanliness of the premises, feeding and general humane treatment of the animals for sale.

One application was received during the year and the premises licensed.

7. Summary

A Summary showing the number of Sanitary inspections and visits (other than those in connection with housing) is given in Appendix "B".

SECTION VI

HOUSING

1. The following is a Summary of action taken under the Housing and Public Health Acts during 1952.

- | | |
|---|----|
| (a) Inspections of Dwelling-houses for housing defects ... | 45 |
| (b) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 4 |

(c)	Number of housing defects found (other than in (b) above)	...	...	...	...	...	...	53
(d)	Number of defects remedied without services of formal notices	...	...	...	...	...	...	53
(e)	(i) Number of Statutory Notices served under Public Health Act	...	...	...	...	...	...	—
	(ii) Number of Statutory Notices complied with	...	...	...	...	...	...	—
(f)	(i) Number of new houses erected by Local Authority	...	...	...	...	...	...	66
	(ii) Number of new houses erected by Private Enterprise	...	...	...	...	...	...	7

2. The following statement shows the various types of nuisances and Housing Defects dealt with :—

	Defects	Visits & Revisits
Choked drains	4	7
Defective drains	5	9
Defective W.C. pans and cisterns	4	5
Leaking and defective roofs	7	9
Dampness	4	7
Defective walls	4	6
Defective floors	2	4
Defective ceilings	4	7
Defective stoves and coppers	3	5
Defective doors and windows	9	16
Defective sinks	2	5
Defective eaves gutters	2	4
Defective yard paving	3	4
Totals	53	88

3. Unfit Houses

During 1952, 10 houses (Nos. 1, 2, 3, 4, 5 and 9, Providence Place, and Nos. 19, 20 and 21, Wallers Row) were demolished as a result of Demolition Orders made in previous years. Action under Section 11 of the Housing Act, 1936, was taken and Demolition Orders made by the Council in respect of a further four houses during the year (Nos. 1 and 2, Stockwell Lane, No. 2, Church Road, The Brents and No. 4 Pile Cottages, Preston).

As has been mentioned in previous reports the condition of many houses at present in occupation gives rise to serious concern. The effect of the Rent Restriction Acts in pegging rents whilst the cost of repairs has increased approximately threefold has led most owners to do the absolute minimum in repairs and properties are deteriorating rapidly. The result is that many houses which might otherwise have provided reasonably good accommodation for many years are rapidly becoming unfit for human habitation. The service and enforcement of Statutory Notices for extensive repairs under

either the Public Health or the Housing Acts is, under present circumstances, impracticable and the most that can be done is to insist on only such repairs as are necessary to keep the premises reasonably habitable.

In addition to those houses which if properly repaired might be made habitable for some years, there are also in Faversham many so old, so dilapidated and so lacking in sanitary amenities that they have a definitely prejudicial effect on the health of those occupying them. To improve these properties is not only uneconomical but in most cases impossible. During 1952 a general survey of the Borough was carried out and early in 1953 a special Report was submitted suggesting that the worst of these properties might be dealt with under a progressive planned programme of slum clearance extending over a period of 5 years. The programme suggested has been accepted by the Council and preliminary steps taken for its implementation. The Report referred to is printed as Appendix "C".

4. Provision of Houses

The following Table shows the number of houses built each year since the end of the war :—

TABLE XII

Year	Council Temporary	Houses Permanent	Police Houses	Private Enterprise	Total
1946	50	—	—	1	51
1947	—	18	—	5	23
1948	—	53	—	10	63
1949	—	71	5	10	86
1950	—	61	—	11	72
1951	—	80	2	8	90
1952	—	66	—	7	73
Totals	50	349	7	52	458

5. Common Lodging Houses

There is one Common Lodging House in the Borough, with accommodation for 10 males only. This has been inspected during the year and found to be in a satisfactory condition.

SECTION VII

FACTORY ADMINISTRATION

1. (i) Number of Factories on Register :—
- | | | |
|--|-----|-----|
| (a) Factories with mechanical power ... | ... | 77 |
| (b) Factories without mechanical power ... | ... | 32 |
| Total | ... | 109 |
- (ii) Number of Inspections :—
- | | | |
|--|-----|----|
| (a) Factories with mechanical power ... | ... | 34 |
| (b) Factories without mechanical power ... | ... | 10 |
| Total | ... | 44 |
2. Cases in which defects were found :—

Defects	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of Cleanliness (S.1.) ..	2	2	—	—
Overcrowding (S.2.)	—	—	—	—
Unreasonable Temperature (S.3.)	—	—	—	—
Inadequate Ventilation (S.4.) ..	—	—	—	—
Ineffective drainage of Floors (S.6.)	—	—	—	—
Sanitary Conveniences (S.7.):				
(a) Insufficient	1	1	—	—
(b) Unsuitable or defective ..	—	—	—	—
(c) Not separate for sexes ..	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
Totals	3	3	—	—

SECTION VIII

FAVERSHAM PORT HEALTH AUTHORITY

There has been no alteration in the area of the Port which for sanitary administration is divided into two sections, viz. (a) The Eastern Section (Faversham Creek) and (b) The Western Section (Milton Creek).

I. Staff

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other Appointment held
Frank Hauxwell	Medical Officer	1st, January 1951	M.B., Ch.B., D.P.H.	Medical Officer of Health, Faversham Borough, Sittingbourne and Milton U.D.C. Swale R.D.C. Borough of Queenborough, Sheerness U.D.C. and Sheppey R.D.C.
Arthur John Hurn	Sanitary Inspector	1st December, 1945	C.R.San.I.	Sanitary Inspector, Borough of Faversham
Alexander Leslie	Sanitary Inspector	1st August, 1945	C.S.I.E.J.B.	Chief Sanitary Inspector, Sittingbourne and Milton U.D.C.

Address—Medical Officer of Health :—Municipal Offices, Preston Street, Faversham. (Telephone No. Faversham 2313).

II. Amount of Shipping entering the district during the year :—

Ships from	Number	Tonnage	Number Inspected		Number of Ships reported as having, or having had during the voyage, infectious disease on board.
			Medical Officer	Sanitary Inspector	
(i) Eastern Section :					
(a) Coastwise	362	14,484	Nil	5	Nil
(b) Foreign Ports	10	1,120	Nil	3	Nil
(ii) Western Section :					
(a) Coastwise	477	49,501	Nil	9	Nil
(b) Foreign Ports	6	566	Nil	6	Nil
Totals	855	65,671	Nil	23	Nil

III. Character of Shipping and trade :—

- (i) Passenger traffic ... Nil.
- (ii) Cargo traffic ...
 - (a) Eastern Section :—
 - Principal Imports ... Petrol, Crude Oil, Fertilisers, Grain and Timber.
 - Principal Exports ... Nil.
 - (b) Western Section :—
 - Principal Imports ... Gypsum Stone, Straw, China Clay and Coal.
 - Principal Exports ... Cement and Paper.
- (iii) Principal Ports from which Ships arrive :—
 - Coastwise ... Thames Estuary, R i d h a m, Rochester, Keadby (Yorks.).
 - Foreign ... Antwerp and Valvoorde (Belgium), Bremen and Hamburg (Germany), Zaandam (Holland) and Honfleur (France).

IV. Inland Barge Traffic ... Nil.

V. Water Supply :—

- (i) Source —
 - (a) For the Port — Eastern Section is supplied by the Faversham Water Company and the Western Section from the Water Undertaking of the Sittingbourne and Milton Urban District Council. Both are from deep wells in chalk and are chlorinated.
 - (b) For Shipping — from same sources by means of hydrants on all wharves.
- (ii) Reports on Tests for Contamination —

During the year 6 samples from that supplied by the Faversham Water Company and 19 samples from that supplied by the Sittingbourne and Milton Water Undertaking were examined bacteriologically and all found satisfactory.
- (iii) Precautions taken against Contamination of Hydrants and Hose-Pipes. —

These are inspected periodically.
- (iv) Water Boats —

Nil.

VI. Public Health (Ships) Regulations, 1952.

Owing to the character of the trade, i.e. Coastwise and Continental, it is not considered necessary to issue regular lists of changes in "listed" Countries.

Cases of Infectious Disease are removed to local Infectious Diseases Hospital and Ship and infected articles disinfected by the Port Sanitary Staff. Surveillance of contacts in the ship is by Port Sanitary Staff and on shore by the local Sanitary Staff.

VII. Smallpox.

Cases of Smallpox would usually be sent to the Long Reach Hospital, Dartford, on ambulance supplied through the Kent County Council Ambulance Service.

Consultants are available from the Joyce Green Hospital, Dartford.

VIII. Venereal Diseases.

Notices giving the addresses and times of Clinics for Venereal Diseases are posted in the wharves.

IX. Cases of Notifiable and Other Infectious Diseases dealt with during the year.

Nil.

X. Malaria.

Owing to the nature of the traffic, Malaria is not generally met with. There have been no cases during the year.

XI. Measures taken against Ships infected with or suspected for Plauge.

No infected or suspected vessels have arrived during the year.

XII. Measures against Rodents in Ships from Foreign Ports.

Deratization, or Deratization Exemption, Certificates are examined as and when Ships are visited, and when inspections are made evidence of rats is looked for and enquiries made. If any evidence is found, appropriate measures are taken.

XIII. Inspection of Ships for Nuisances.

No nuisances were found on any of the ships inspected during the year.

XIV. Public Health (Shellfish) Regulations.

Included in the area are several shellfish gathering grounds. Under an order dated 3rd August, 1920 the distribution for sale for human consumption of shellfish from certain layings is prohibited unless the shellfish have been relaid for fourteen days in water not subject to pollution from sewage. The layings referred to are :—

(a) Layings from shore to shore between 100 yards west of Elmley Ferry and the mouth of Milton Creek.

(b) The Public Layings between the western boundary of the Faversham Port Health Authority's jurisdiction and Harty Ferry.

XV. Medical Inspection of Aliens.

Faversham is not an approved Port for the landing of aliens.

XVI. Arrangements for burial on shore of persons who have died on board from infectious disease.

Body would be removed to appropriate mortuary and from there removed under sanitary supervision for burial.

The arrangements for burial would normally be made by relatives or the local Shipping Agents but in exceptional circumstances by the Local Authority under the Provisions of the National Assistance Act.

APPENDIX "A"

Readings Recorded at the Borough Sewage Works
(By courtesy of Mr. Colin Walton)

Month	Temperatures		Rainfall (in inches)
	Minimum MAXIMUM	Maximum MINIMUM	
January ..	52° (51°)	20° (25°)	1.78 (2.83)
February ..	51° (56°)	24° (28°)	1.02 (5.77)
March	62° (59°)	30° (25°)	2.97 (2.61)
April	77° (66°)	28° (30°)	.89 (1.75)
May	84° (76°)	34° (39°)	.86 (2.38)
June	90° (80°)	43° (40°)	2.62 (1.74)
July	86° (88°)	48° (46°)	.77 (1.49)
August	80° (81°)	48° (46°)	2.82 (2.74)
September ..	75° (75°)	35° (38°)	5.15 (3.81)
October ..	61° (62°)	30° (30°)	1.89 (1.12)
November ..	57° (58°)	21° (29°)	3.56 (3.63)
December ..	54° (53°)	23° (20°)	2.27 (2.41)
Total ..	.. .. .	.. .. .	26.60 (32.28)

APPENDIX "B"

Particulars of Sanitary Inspections and visits.

Infectious Disease and Disinfectations	18
Dairies	29
Factories	44
Butchers Shops	105
Grocers Shops	121
Fish Shops	73
Fish Frying Establishments	18
Food Preparing Premises	38
Bakehouses	9
Ice Cream Shops	23
Fruit and Vegetable Shops	16
Verminous Premises	2
Rats and Mice	12
Slaughterhouse	543
Total. ...	1,051

APPENDIX "C"

Report by the Medical Officer of Health and Sanitary Inspector on Slum Clearance

For the consideration of the Health Committee at their Meeting on 10th March, 1953.

As the Council are aware, many of the inhabitants of Faversham are at present living in houses which would, and should, have been condemned years ago had other accommodation been available. Some attempt has been made during the post-war years to deal with the worst of these properties, but, owing to the limitation of the number of new houses which could be built and the very large number of applicants on the Council's housing list who were living under seriously overcrowded conditions or as lodgers, it has been possible to deal with only a small number of cases in which the dilapidated and unhealthy condition of the premises called for rehousing of the tenants.

Since the end of the war to the end of 1952, 27 houses have been condemned and dealt with either under Clearance Orders or as individual unfit houses. Unfortunately this effort has done little to alleviate the problem of the continued occupation of dilapidated and insanitary premises and, being of a somewhat patch-like quality, has either left small sites which become unsightly or where demolition has not taken place has left standing buildings which become either a public health nuisance or become structurally dangerous. In fact some houses on which Demolition Orders have been made are still in occupation.

It is clear therefore that a more resolute and ambitious attack must be made if it is desired to solve this serious problem within a reasonable time. We suggest that it is appropriate for the Council to now consider the acceptance and implementation of a planned programme of slum clearance and give greater consideration to the necessity of rehousing tenants who are living in premises which are so dilapidated and so lacking in sanitary amenities as to be prejudicial to health.

It is estimated that in Faversham there are at present approximately 170 houses which should be condemned as soon as possible and it is suggested that these should be dealt with under a progressive planned programme within the next five years.

It must be remembered however that Faversham has a very high proportion of old houses. Many of these have been excluded from the present suggested programme in the hope that with some modification of the Rent Restrictions Acts it may be possible to preserve them. If that hope be not realised it is possible that at the end of the present programme a further programme will be necessary.

In carrying out the suggested five year programme it is considered that most of the properties to be condemned would be dealt with as small Clearance Areas under Sec. 25 of the Housing Act, 1936, though there will be some properties which would have to be dealt with as Individual Unfit Houses under Sec. 11 of the Act.

An essential pre-requisite of the suggested programme will be the ability of the Council to rehouse the tenants displaced. Though there is no legal responsibility to provide equivalent accommodation for individual unfit houses demolished as is the case when houses are demolished in Clearance Areas it is assumed the Council would accept that responsibility.

Under present government instructions houses to rehouse tenants displaced owing to slum clearance must be supplied from the Council's yearly building programme. As it is proposed that approximately 170 houses should be demolished during the next five years it is suggested that during the next five years houses for rehousing tenants displaced by reason of slum clearance be allocated as follows :— 1st year, 25; 2nd year, 30; 3rd year, 30; 4th year, 40; 5th year, 40. The reason for this progressive increase is that it seems reasonable to expect that during progressive years (a) the number of other urgent cases on the Council's housing list will gradually decrease and (b) the number of houses the Council will be able to build will gradually increase.

A Schedule indicating the houses which it is suggested to be dealt with in the five year programme and the order of priority will be submitted to the Health Committee at their meeting. It should be appreciated, however, that the Schedule submitted is provisional only. Though a general survey of the town has been carried out no detailed inspection of any of the properties has yet been made. When that inspection is carried out some properties included in the Schedule may be excluded, others may be added. Furthermore, the order of priority has been based on present assessment of condition. Factors may arise which would require an alteration in that order.

At this stage it is suggested that the Council do not deal—except in very general terms—with Schedule of properties submitted. If however the Council agree in principle with the five year programme of slum clearance as outlined above their officers will carry out the necessary detailed inspections, will submit their recommendations from time to time to the Council and at that time the Council can finally decide what action they will take in the light of the reports and recommendations made to them.

6th March, 1953.

